

STATE OF MAINE

INTERPRETERS AND TRANSLITERATORS OF AMERICAN SIGN LANGUAGE AND ENGLISH

APPLICATION FOR LICENSURE

- *Certified Interpreter/Transliterators*
 - *Certified Deaf Interpreter*



Department of Professional and Financial Regulation
Office of Licensing and Registration
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8624

HEARING-IMPAIRED TTY: 1-888-577-6690

FAX: (207) 624-8637

Office located at: 122 Northern Avenue, Gardiner, Maine 04345

Websites:

Office of Licensing & Registration: www.maineprofessionalreg.org

Interpreters for the Deaf and Hard-of-Hearing:

<http://www.state.me.us/pfr/olr/categories/cat22.htm>

APPLICATION FOR LICENSURE

CERTIFIED INTERPRETER / TRANSLITERATOR or CERTIFIED DEAF INTERPRETER

Please submit the following:

- Completed Application.
- \$50 Application Fee, \$300 License Fee for Certified Interpreter / \$100 for Certified Deaf Interpreter, and a \$15 Fee for a State Bureau of Identification (SBI) criminal record check. (If you have had a criminal record check within the past year, please submit a copy.)
- Check payable to: "Treasurer, State of Maine" or Credit Card Authorization form authorizing payment of fees.
- Copy of high school diploma or equivalent.
- Sworn, Signed Notarized RID Code of Ethics (ATTACHMENT "A"), Please sign this attachment, have notarized and return the Office Copy. Keep the Applicant copy for your records.
- Copy of current membership card from the Registry of Interpreters for the Deaf, Inc., or documented proof of a minimum certification level of 4 from the National Association of the Deaf, Inc. (If using this application for renewal, you may instead provide your membership number, as it appears on your current card.)
- Completed Disclosure Statement.

Questions should be directed to the office through our hearing impaired telephone line at 207-624-8563, or contact Marlene M. McFadden at 207-624-8624 or by e-mail: marlene.m.mcfadden@Maine.gov .



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DEPARTMENT OF PROFESSIONAL AND FINANCIAL
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35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

JOHN ELIAS BALDACCI
GOVERNOR

ANNE L. HEAD
DIRECTOR

APPLICATION for LICENSURE

Notice regarding Social Security Number Disclosure

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRSA section 191.

Notice regarding Public Information

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, mailing address and other information listed on this application may be posted on the State's website.

CHECK APPROPRIATE BOXES:

- ☐ CERTIFIED INTERPRETER/TRANSLITERATOR \$300 (Internal Use) (4073 / 1424)
☐ CERTIFIED DEAF INTERPRETER \$100 (4073 / 1425)
☐ RID CERTIFICATE #: _____ or ☐ NAD CERTIFICATE #: _____

Name:		
Mailing Address: Street:		
City:	State:	Zip Code:
County:	Telephone #: (____) _____ - _____	
E-mail address (if available): _____ @ _____		
Social Security #: (____)-(____)-(____)		Date of Birth: _____
Legal Address (if different from mailing address):		
City:	State:	Zip Code:
County:	Telephone #: (____) _____ - _____	

Have you ever been convicted of a crime?

☐ YES

☐ NO

If you answered "Yes," then please submit a copy of the court judgment(s), as well as a letter explaining the circumstances surrounding your conviction(s).

Has any jurisdiction taken disciplinary action against any professional license you hold, or have held, or denied your application for licensure?

☐ YES

☐ NO

If you answered "Yes," then please list, on a separate sheet of paper, the date(s) of suspension or revocation, the type of license, registration, or certification involved, and the state(s) in which it occurred.

By my signature, I affirm that all information provided in connection with this application is true to the best of my knowledge and belief, with the understanding that any omissions, inaccuracies or failure to make full disclosure may be deemed sufficient reason to suspend or recommend revocation of a license issued by the Department. I further authorized all law enforcement agencies and officials thereto to release to the Department any and all criminal history record information pertaining to me.

Signature:	Date: <u> / / </u>
Printed Signature:	



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REGISTRY OF INTERPRETERS FOR THE DEAF: CODE OF ETHICS
Attachment "A" -- [OFFICE COPY](#)

The Registry of Interpreters for the Deaf, Inc. has set forth the following principles of ethical behavior to protect and guide interpreters and transliterators and hearing and deaf consumers. Underlying these principles is the desire to insure for all the right to communicate.

1. Interpreters/translitterators shall keep all assignment-related information strictly confidential.
2. Interpreters/translitterators shall render the message faithfully, always conveying the content and spirit of the speaker using language most readily understood by the person(s) whom they serve.
3. Interpreters/translitterators shall not counsel, advise or interject personal opinions.
4. Interpreters/translitterators shall accept assignments using discretion with regard to skill, setting and the consumers involved.
5. Interpreters/translitterators shall request compensation for services in a professional and judicious manner.
6. Interpreters/translitterators shall function in a manner appropriate to the situation.
7. Interpreters/translitterators shall strive to further knowledge and skills through participation in workshops, professional meetings, interaction with professional colleagues, and reading of current literature in the field.
8. Interpreters/translitterators, by virtue of membership or certification by the RID, Inc., shall strive to maintain high professional standards in compliance with the Code of Ethics.

I swear that I have read, understand and agree to abide by the Code of Ethics of the Registry of Interpreters for the Deaf, Inc. as stated above.

NOTARIZATION

Printed or Typed Name of Applicant:: _____

Signature of Applicant:: _____

STATE OF: _____ County of : _____

The foregoing instrument was acknowledged before me this _____
(Date)

by: _____
(Name of person acknowledged)

Signature of Notary: _____

Name of Notary Public PRINTED or TYPED: _____

Notary Public, State of: _____ My Commission expires on: _____



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NOTARIZATION	
Printed or Typed Name of Applicant:: _____	
Signature of Applicant:: _____	
STATE OF: _____	County of : _____
The foregoing instrument was acknowledged before me this _____ (Date)	
by: _____ (Name of person acknowledged)	
Signature of Notary: _____	
Name of Notary Public PRINTED or TYPED: _____	
Notary Public, State of: _____ My Commission expires on: _____	



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GOVERNOR

ANNE L. HEAD
DIRECTOR

TO: PROSPECTIVE APPLICANT
FROM: OFFICE OF LICENSING & REGISTRATION
RE: CRIMINAL RECORDS CHECK

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history record check as part of the application process for all applicants.

CRIMINAL HISTORY RECORDS CHECK PROCEDURE

Please complete the applicant information section and return it to the Office of Licensing & Registration with your completed application and supporting documentation, as may be necessary.

You must provide payment in the amount of \$15, to the Maine State Treasurer for your criminal history record check, in addition to the licensing fees presently required. Please note that the criminal history record will be returned to this office, and not to the applicant.

PHONE: (207)624-8624

TTY: 1-888-577-6690



PRINTED ON RECYCLED PAPER

FAX: (207)624-8637

OFFICES LOCATED AT: 122 NORTHERN AVENUE,
GARDINER, MAINE

Tuesday August 09 2005



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CRIMINAL HISTORY RECORD CHECK FEE: \$15

Make checks payable to: Treasurer, State of Maine

Submit this Application with License Application

APPLICANT INFORMATION

Name: _____
Last First Middle
Address: _____
Social Security/Federal I.D. #: _____ Date of Birth: _____
Any other names used: _____

Please return the criminal history record information or a notice of no record to the following:

REQUESTING AGENCY INFORMATION

(Office Use Only)

Date: ____ / ____ / ____

Contact Person: **MARLENE MCFADDEN**

Agency Name & Address:

**Office of Licensing and Registration
Interpreters and Translators of American Sign Language and
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AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and submit it with your application. Payment through credit cards will not be processed without this authorization form.

<i>Name (of applicant on whose behalf fees are being paid):</i>		
<i>Mailing Address (of applicant on whose behalf fees are being paid):</i>		
<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>
<i>County:</i>	<i>Telephone #: (____) _____ - _____</i>	
<i>Name of cardholder (if other than that of applicant):</i>		
<i>Mailing Address (if other than that of applicant):</i>		
<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

☐ Visa ☐ MasterCard _____

Card number

Expiration date: ____/____/____ in the amount of: \$ _____

Signature: _____ Date: ____/____/____



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